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PTO/SB/21 Modified

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission	Attorney Docket Number	A3-257 US
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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s): Please identify below:
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Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Molex Incorporated		
Signature			
Printed Name	Robert J. Zeitler		
Date	October 3, 2006	Reg. No.	37,973

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail or express mail (label number) in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Type or Printed Name	Jennifer Beedles	Date	October 3, 2006

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/17 Modified
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL
For FY 2005

Complete if Known

Application Number	10/537,929
Filing Date	June 7, 2005
First Named Inventor	Yin Hao
Examiner Name	Vanessa Mary Girardi
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit 2833
TOTAL AMOUNT OF PAYMENT	\$ 1,020.00
	Attorney Docket No. A3-257 US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1873</u> Deposit Account Name: <u>Molex Incorporated</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments for fee(s) under 37 CFR 1.16 and 1.17 and credit any overpayments.				

FEE CALCULATION

1. Basic Filing, Search and Examination Fees

<u>Application Type</u>	<u>Filing Fees</u>	<u>Search Fees</u>	<u>Examination Fees</u>	<u>Fees Paid (\$)</u>
Utility	\$300	\$500	\$200	\$
Design	\$200	\$100	\$130	\$
Plant	\$200	\$300	\$160	\$
Reissue	\$300	\$500	\$600	\$
Provisional	\$200	\$0	\$0	\$

2. Excess Claim Fees

Each claim over 20 (including Reissues)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
11	-20 or HP= 0	x \$50 =	\$0.00

Each independent claim over 3 (including Reissues)

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	-3 of HP= 0	x \$200 =	\$0.00

Multiple dependent claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
\$360	\$

3. Application Size Fee

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total sheets</u>	<u>Extra sheets</u>	<u>Number of each addtl 50 or fraction thereof (round up to whole #)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =		x \$250 =	\$ <u>Fees Paid (\$)</u>

4. Other fee(s)

Non-English Specification, \$130 fee (no small entity discount)

Other: Three month extension of time \$1,020.00

Submitted by

Name (Print/Type)	Robert J. Zeitler	Registration No. 37,973	Telephone (630) 527-4884
Signature	<i>Robert J. Zeitler</i>		Date October 3, 2006